

October 15, 2009

Earlier today, the CDC released “Interim Guidance on Infection Control Measures for 2009 H1N1 Influenza in Healthcare Settings, Including Protection of Healthcare Personnel” at

http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm . *Revisions from earlier guidance include: criteria for identification of suspected influenza patients; recommended time away from work for healthcare personnel; changes to isolation precautions based on tasks and anticipated exposures; expansion of information on the hierarchy of controls which ranks preventive interventions in the following order of preference: elimination of exposures, engineering controls, administrative controls, and personal protective equipment; and changes to guidance on use of respiratory protection.*

The guidance provides emphasis on promoting and providing vaccination; enforcing exclusion of ill healthcare personnel, and implementing respiratory hygiene/cough etiquette strategies. PPE, while useful, is considered the last line of defense in combating the spread of influenza. Based on the revised guidance, EMS agencies should be encouraged to review and, if not already in place, develop written pandemic influenza plans anticipating widespread transmission of 2009 H1N1 influenza in communities, including patient screening for symptoms of acute respiratory illness.

Healthcare and emergency medical services personnel are among the priority groups recommended to receive the 2009 H1N1 influenza vaccine. To improve adherence, vaccination should be offered to healthcare personnel free of charge and during working hours. Vaccination campaigns with incentives such as lotteries with prizes should be considered. Healthcare facilities should require personnel who refuse vaccination to complete a declination form. (See sample at <http://immunize.org/catg.d/p4068.pdf> .)

CDC continues to recommend the use of respiratory protection that is at least as protective as a fit-tested disposable N95 respirator for healthcare personnel who are in close contact with patients with suspected or confirmed 2009 H1N1 influenza. (Recommendations about conserving supplies of N95 respirators is included in the supplement to the guidance—“Questions and Answers Regarding Respiratory Protection For Preventing 2009 H1N1 Influenza Among Healthcare Personnel” at http://www.cdc.gov/h1n1flu/guidelines_infection_control_qa.htm .) EMS personnel are strongly encouraged to maintain open communications with healthcare facilities including the emergency department when transporting patients with influenza-like illness.

As a reminder—the following EMS resources are also available:

EMS Pandemic Flu Guidelines for Statewide Adoption at

<http://www.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines/>

[Preparing for Pandemic Influenza: Recommendations for Protocol Development for 9-1-1 Personnel and Public Safety Answering Points \(PSAPs\)](http://www.nhtsa.gov/people/injury/ems/PandemicInfluenza/Preparing_for_Pandemic_Influenza_Recommendations_for_Protocol_Development_for_9-1-1_Personnel_and_Public_Safety_Answering_Points_(PSAPs)) at <http://www.nhtsa.gov/people/injury/ems/PandemicInfluenza/>

Emergency Medical Services and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist at <http://www.pandemicflu.gov/plan/healthcare/emgncymedical.html>

Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Confirmed or Suspected Swine-Origin Influenza A (H1N1) Infection:

http://www.cdc.gov/h1n1flu/guidance_ems.htm

Interim Guidance for Cleaning Emergency Medical Service (EMS) Transport Vehicles during an Influenza Pandemic at http://www.pandemicflu.gov/plan/healthcare/cleaning_ems.html .

Managing Calls and Call Centers during a Large-Scale Influenza Outbreak: Implementation Tool:

<http://www.cdc.gov/h1n1flu/callcenters.htm>